



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E287062**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02953
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	11 - 22 - 2013	TIME (2400)	0556	COUNTY #	31	MILES		CITY #	0664
		N		S		E		W	
		IN		OF					

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>				
STATE ROUTE 9	BLOCK NO.					
DISTANCE	75	00	MILES		FEET	
OF (REFERENCE OR CROSS STREET)	20TH ST SE					

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 3606913228
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LAST NAME	PEKOLA	FIRST NAME	GENE	MIDDLE INITIAL	P
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STREET NEW ADDRESS	23209 TIGER CREEK RD
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CITY	GRANITE FALLS	ST	WA	ZIP	982528557
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PEKOLGP4980H	STATE	WA	SEX	M	D.O.B.	09 - 08 - 1951
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B66946T	STATE	WA	VIN#	JN6ND11S6GW013307
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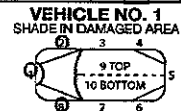
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1986	MAKE	NISS	MODEL	PU	STYLE	PK	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. GENE PEKOLA 23209 TIGER CREEK RD GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN INSURE ALL 475747023
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	1	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	UNKNOWN	STATE		VIN#	
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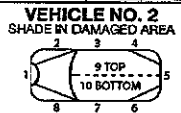
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E287062**

CASE # **13-02953**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

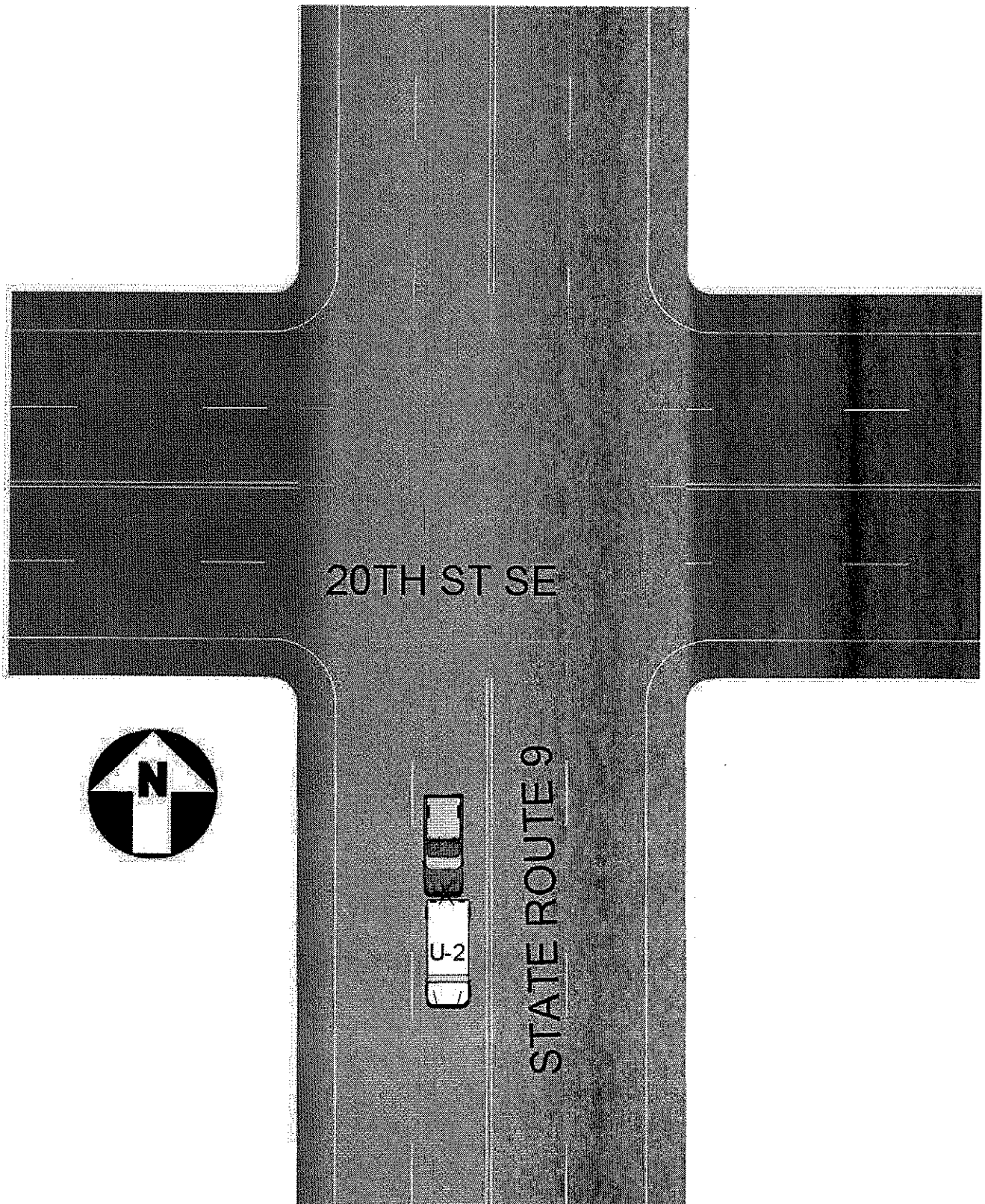
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)									
ADDRESS & PHONE #									
SEX	D.O.B. MMDDYYYY								
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling southbound on SR 9 approaching slower traffic. Driver of Unit 1 states he did not see Unit 2 had stopped and rear ended Unit 2. Unit 2 then fled the scene and was not located by law enforcement.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN		11-22-13 07:51 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY RON BROOKS 013		DATE 11/22/2013 7:53:52 AM	
BADGE OR ID # 075	ORI # WA0311900	TIME POLICE DISPATCHED 5:59 AM	TIME POLICE ARRIVED 6:08 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02953

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Pekala Gene P	RACE W	ETH	SEX M	DOB 9-8-51	AGE 62	HGT 58	WGT 180	HAIR B	EYES B
STREET ADDRESS 23209 Tiger Creek Rd		CITY Granite Falls		STATE W		ZIP 95752		RES. STATUS		
HOME PHONE 369 691 3228		CELL PHONE 360-722-6313		PLACE OF EMPLOYMENT Labor Ready						
WORK PHONE		EMAIL ADDRESS								

I, Gene Pekala, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

hit Box truck rear end no brake light on truck and he drove off.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Gene Pekala</u>	DATE SIGNED 11-22-13	LOCATION SIGNED
OFFICER/NUMBER: <u>C Christensen #25</u>	DATE SIGNED 11/22/13	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13025674

Case Numbers: \$SS13002953

Received 11/22/13 05:56:37 BY SPCT04 SP0374
Entered 11/22/13 05:58:44 BY SPCT04 SP0374
Dispatched 11/22/13 05:59:30 BY SPDP17 SP0360
Enroute 11/22/13 05:59:30
Onscene 11/22/13 06:06:57
Closed 11/22/13 06:43:03

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1318 Map Page: 397F-4 Group: SS1 Beat: SOUT
Src: 9

Loc: 20 ST SE/SR 9 SE, LKS (V)

Latitude: (+) 47.972928 Longitude: (-) 122.112565

Loc Info: SB SR 9

Name: LOCHMANN, NANNETT

Addr:

Phone: 4255088601

/0558 (SP0374) ENTRY , AC, NOW, 1 VEH ACC, NON INJ, NON BLKING, ON SHO
ULDER LOOKS LIKE MIGHT HAV E HIT JERSEY BARRIER,
DK SMALL PU, M SITTING IN VEH
/0559 (SP0360) AGCADV , BOLO
/0559 DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/0601 ASSTER SS1910 [20 ST SE/SR 9 SE, LKS]
#SS13 BROOKS, SGT (RON)
/0606 ASSTOS SS1930 [20 ST SE/SR 9 SE, LKS]
#SS72 AUKERMAN, OFFICER (WAYNE)
/0607 ASSTOS SS1940 [20 ST SE/SR 9 SE, LKS]
#SS120 BERNHARD, OFFICER (KERRY)
/0607 (*****) REMINQ SS1930 B66946T
/0607 (SP0360) REMINQ SS1930 LIC, 1930, B66946T, , ,
/0607 MISC SS1930 , OCCP X1
/0608 (SS13) *ONSCNE SS1910
/0608 (SP0360) MISC SS1930 , DRIVER ADVISED HE REAR ENDED A BOX TRUCK OR PU
/0609 CLEAR SS1940
/0613 CLEAR SS1930
/0613 ONSCNE SS1931
/0614 (SS13) *CLEAR SS1910 D/D
/0615 (SP0360) ASNCAS SS1931 \$SS13002953
/0643 CLEAR SS1931 D/H
/0643 CLOSE SS1931

SECRET